

Chairperson
Iowa Board of Medical Examiners
400 SW 8th Street, Suite C
Des Moines, IA 50309-4686

RE: Voluntary Surrender: Iowa Medical License No. 13936

Dear Chairperson:

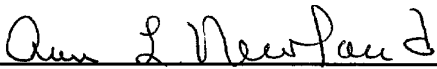
You are hereby notified that in accordance with the provisions of section 148.8, Code of Iowa (2001) this letter shall constitute my written statement of intention to voluntarily surrender the enclosed Iowa license to practice medicine and surgery, which was issued to me on the 20th day of November, 1948, as evidenced by certificate number 13936, recorded in the permanent records in the office of the Iowa Board of Medical Examiners.

You are notified that I fully understand that upon the Board's acceptance of this voluntary surrender of my medical license, I may no longer engage in the practice of medicine and surgery as a physician in the state of Iowa, effective Sept 1 -, 2001, and hereby absolve and release the Iowa Board of Medical Examiners from any further right, claim, or title to the enclosed certificate of license, and to any of the rights, privileges, and honors pertaining hereto. I further understand that I am not eligible to reapply for medical licensure in the State of Iowa. This document is a public record and pursuant to federal law must be reported to the National Practitioner Data Bank.

This written statement of my intention to voluntarily surrender my medical license is being signed by me on this 15 day of August, 2001, as my own voluntary act and deed.



Don O. Newland, MD



WITNESS